

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

6942-772

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1				51	1	1	1		
2		1		1			52	1	1	1		
3	1						53	1	1	1		
4	1						54	1	1	1		
5	1						55	1	1	1		
6	1		1				56	1	1	1		
7	1		1				57	1	1	1		
8	1		1				58	1	1	1		
9	1		1				59	1	1	1		
10	1		1				60	1	1	1		
11	1		1				61	1	1	1		
12	1		1				62	1	1	1		
13	1		1				63	1	1	1		
14	1		1				64	1	1	1		
15	1		1				65	1	1	1		
16	1		1				66	2				
17	1						67	2				
18	1						68	2				
19	1						69	1				
20		1		1			70		2			
21		1		1			71		2			
22	1		1				72		1			
23	1		1				73		2			
24	1		1				74		2			
25	1		1				75		1			
26	1		1				76		1			
27	1		1				77		1			
28	1		1				78					
29	1		1				79					
30	1						80					
31	1						81					
32	1						82					
33	1						83					
34	1						84					
35	1						85					
36	1						86					
37	1						87					
38	1						88					
39	1						89					
40	1						90					
41	1						91					
42	1						92					
43	1						93					
44	1						94					
45	1						95					
46	1						96					
47	1						97					
48	1						98					
49	1						99					
50	1		1				100					
TOTAL IND.							TOTAL IND.	2				
TOTAL DEP.							TOTAL DEP.	5				
TOTAL CLAIMS							TOTAL CLAIMS	71				